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Drug and alcohol use by Australian young people has declined in recent years. However, many service providers report that drug and alcohol use among homeless young people has increased over twenty years. The wider availability of stimulants such as ICE has meant that the type of substances being used has shifted somewhat. The origins of drug and alcohol use are diverse: sometimes it is from a permissive family situation, as self-medication of mental health conditions, or, more commonly, as a practice acquired by contact with other young people who are homeless. There are serious consequences for homeless youth with drug and alcohol use problems, such as gaining access to supported accommodation or remaining in accommodation. SAAP agencies reported difficulty obtaining timely specialist help for their clients. Continued drug use can further harm some already worsening yet important relationships in young people's lives and lead to petty crime that ultimately involves them with police and the criminal justice system.



## Chapter 11 | Alcohol and Other Drugs

*... many young people may only use intravenous drugs or illicit drugs for a couple of years, and then they get on with their life, you know. I think sometimes we think that they're going to keep going and going and going but very often they don't.<sup>1</sup>*

### Introduction

11.1 The Inquiry into Youth Homelessness sought evidence about the levels of substance use in the at-risk and homeless youth population, the nature of that use, young people's reasons for use, the problems associated with substance use, and about young people's pathways towards less problematic use. The evidence offered the Inquiry the opportunity to better understand the experiences and needs of young people, their supporter, their families, and the homelessness service sector.

### Alcohol and other drug use

11.2 Substance use plays a role in the lives of many young people in the Australian community. The 2005 Secondary Students' Alcohol and Drug Survey looked at substance use patterns of 12 to 17 year-olds. 43 per cent of those surveyed had consumed alcohol in the past month<sup>2</sup> (down from 50% in 2002<sup>3</sup>); 13 per cent had smoked tobacco in the past month<sup>4</sup> (down from 18% in 2002<sup>5</sup>); and 8 per cent had used an illicit substance in the past month<sup>6</sup> (down from 13% in 2002<sup>7</sup>). This decrease in use contrasts with much of the evidence provided to the Inquiry from services about substance use levels among young at-risk and homeless people.<sup>8</sup> However, the story of alcohol and other drug use in this vulnerable group is complex: the population is diverse, its levels of substance use vary from no use to highly problematic use, and the reasons for using also vary.<sup>9</sup>

11.3 In Canberra, Oasis Youth Residential Service offered the Inquiry an overview:

*Eleven years ago when I was a youth worker you hardly saw any young people with drug and alcohol problems, and that's just increased over the years up to being very bad at the moment.*<sup>10</sup>

11.4 A team leader working in youth housing with YWCA Darwin estimated that 70 per cent of young people using her service had alcohol and other drug problems:

*So, this would not necessarily be young people that would enter into say a residential ... rehab program, but they would be young people that have significant issues in regard to that, so, they are issues that are needing to be worked on with most of the young people that enter into the program.*<sup>11</sup>

11.5 The sector's view that there are high levels of drug use among young homeless people is supported by research undertaken as part of Project i, which indicates that homeless young people "... do engage in considerably more drug use than their home-based peers". However, the picture is complex, and there are a substantial number of young people who reported no recent use.<sup>12</sup>

11.6 Young people's choice of drug was a further area of concern for the homelessness sector. While there was no evidence submitted about the popular division of drugs into soft and hard, with its accompanying inaccurate implications about levels of risk, there was a great deal of evidence submitted about use patterns<sup>13</sup> and the reality that some drugs are particularly problematic for the sector in terms of the behaviours induced.<sup>14</sup>

11.7 Directions ACT spoke to the Inquiry about crystal methamphetamine replacing heroin, when the latter was in short supply:

*There was a heroin drought about three or four years ago and many of our injecting drug users actually went on to Ice. Heroin was much easier to handle ...*<sup>15</sup>

11.8 This concern about the difficulties of working with young people using crystal methamphetamine was echoed in a number of the public hearings. At the public hearings in Sydney, Key College, Youth Off The Streets spoke about workforce issues:

*... with the new Ice epidemic you've got kids acting out, really, you know, quite badly, and it's very difficult for young and inexperienced youth workers at refuges.*<sup>16</sup>

11.9 In Perth, Next Step Youth Drug and Alcohol Services told the Inquiry:

*The primary drug that young people are coming forward with at the moment is cannabis and has been for a number of years. But, obviously, in the last year we have seen a massive spike in the use of amphetamines, so that is certainly more problematic and more difficult to treat if you like, and work with.*<sup>17</sup>

The service made the point that the young people it sees tend to use a combination of drugs.

11.10 The Young People's Health Service in Melbourne confirmed that poly drug use patterns are common:

*... [we'll ask] do they use tobacco, alcohol, cannabis, amphetamines, opiates and quite regularly we'll have young people ticking yes.*<sup>18</sup>

11.11 The Project i research on drug use in the young homeless population found that alcohol and marijuana were the most commonly used drugs in their sample with marijuana being the most frequently used.<sup>19</sup>

11.12 The Inquiry received evidence that indicated that young people themselves are concerned about their substance use, although that concern can sometimes take a while to emerge as a young person matures.<sup>20</sup>

11.13 In Brisbane, a young woman spoke of her feelings about her drug use:  
*My worker down at BYS [Brisbane Youth Service], my counsellor there, is actually a drug counsellor and I'm actually going to get her to help me get off the drugs, because I don't want to use them. It's like the drugs are controlling me. It's not me controlling the drugs, the drugs are controlling me ...*<sup>21</sup>

11.14 While voicing an interest in dealing with a substance use problem sits at some distance along the continuum from successfully addressing that problem, young peoples' interest in change should be taken seriously.

### **High and complex needs**

11.15 Young at-risk and homeless people who use alcohol and other drugs do not necessarily have high and complex needs. However, substance use problems can be coincident with other complicating factors such as mental health problems and other social, intellectual or emotional problems.<sup>22</sup> The evidence presented to the Inquiry in relation to young people with combined substance use and mental health problems is examined in more detail in Chapter 10 Mental Health.

11.16 While witnesses gave the Inquiry examples of services persisting and succeeding in their efforts to support young people with substance use problems who have high and complex needs,<sup>23</sup> the weight of the evidence dealt with referral failures<sup>24</sup>.

11.17 Service to Youth Council (SA) advised the Inquiry about the best approach to working with young people with high and complex needs:

*... I guess a collective wisdom around this ... is an approach called Housing First approach so that if you are housing these young people with high and complex needs first, then you can start addressing some of their other issues with drug and alcohol and mental health, which they almost inevitably have, but you can't deal with those unless they are in some ways accommodated.*<sup>25</sup>

### **Background issues in problematic substance use**

11.18 The relationship of at-risk and homeless young people to substance abuse can be usefully looked at in terms of the narrative of young people's lives. Certainly the Inquiry heard evidence about reasons for use and possible causes that stretched back into early life<sup>26</sup> and included mental health problems<sup>27</sup>, but it also received evidence about the profound role of homelessness itself in problematic substance use.<sup>28</sup>

### *Parental alcohol and other drug use*

11.19 South Port Community Housing Group (Victoria) brought together a number of case studies to present to the Inquiry that contained a strong narrative link between parental substance abuse and homelessness. Two of the case studies involved young people who went on to develop substance use problems of their own:

[Case 1] ... M's parents engaged in drug-taking behaviours during her formative childhood years, exposing M to a drug-permissive culture at home ...<sup>29</sup>

[Case 2] ... S's mother was dependant on amphetamines and other drugs during S's formative early childhood years, which would have impacted on her ability to adequately provide structure and boundaries necessary for parenting. S's father was, and still is, dependant on alcohol ...<sup>30</sup>

In both cases parental substance abuse was only one of various factors in these young people's lives, but it was one of the strong underlying elements that contributed to them becoming homeless.

### *Pre-existing mental health problems*

11.20 The Inquiry heard from the manager of a drug and alcohol withdrawal unit in Victoria about the high correlation between drug and alcohol problems and mental health problems or trauma in young homeless people's lives.

... it can be up to 80 percent of drug and alcohol clients have pre-existing mental health problems and we know that mental health finds a similar percentage of drug and alcohol. So, there's a massive correlation between those two factors. I guess if I was to do some research out of the unit that I run, I could probably make correlations with lots of different issues as well. ... But, trauma is certainly a common denominator for the clients that we see.<sup>31</sup>

### *The effect of being homeless*

11.21 Recent Melbourne-based research on substance use in the general at-risk and homeless populations found that for 66 per cent of people in the sample who had substance use problems, those problems developed after becoming homeless.<sup>32</sup> Earlier work from Project i, suggests that there isn't a straightforward causal relationship, but that exposure to street-based culture and unstable housing influences use.<sup>33</sup> In their combined submission to the Inquiry, Youth Network of Tasmania, Shelter Tasmania and the Tasmania Council of Social Service cast this reality as an opportunity for early intervention:

*It is important to acknowledge that many homeless youth develop mental health and substance abuse issues after they become homeless. Therefore, the psychological, emotional, social and physical strains of becoming homeless needs to be addressed before a substance abuse or mental health issue presents.*<sup>34</sup>

11.22 Homelessness prevention and early intervention programs can therefore be seen not only in terms of the role they play in reducing and ameliorating youth

homelessness, but also in terms of playing a very real role in the National Drug Strategy's stated approach of preventing anticipated harm.<sup>35</sup>

### *Distress and trauma*

11.23 One young person shared her very stark point of view about her drug use:  
*Drugs and especially glue helped me because I hate reality.*<sup>36</sup>

### *Consequences of substance use problems*

11.24 Some of the consequences of young at-risk and homeless people's substance use problems have already been glimpsed in Chapter 6 Families in Crisis and in earlier sections of this chapter. Substance use can limit young people's access to services, inhibit their ability to exercise control over their own lives and can have serious legal and health consequences.

### *Access to services and housing*

11.25 Young people with substance use problems have difficulty gaining and keeping housing and other supports.

11.26 In Perth, Next Step Youth Drug and Alcohol Services told the Inquiry about its experience of accommodation services discriminating against young people with substance abuse problems:

*We hear all the time, particularly if you say you're ringing from Next Step ... they'll say 'Sorry, we don't have beds', but then you'll speak to another service who has rung half an hour later, and they've got a young person in.*<sup>37</sup>

11.27 Also in Perth, Drug ARM WA told the Inquiry that the expectation on the part of services that young homeless people must give up drugs in order to be accommodated, when their drug use is the best, most pleasant thing in their life, is understandable but unrealistic.<sup>38</sup> The service felt that for many young people questions about substance use were unlikely to be even considered prior to them being accommodated and supported.

11.28 YWCA Darwin told a similar story, advising the Inquiry that when young people are accepted into crisis accommodation, they often have difficulty managing their substance use issues, making it difficult to achieve longer-term accommodation outcomes.<sup>39</sup>

11.29 Given that housing and support services can provide a context in which young people are able to reduce or give up problematic substance use, it is sad that substance use has a negative impact on a young person's ability to gain access to housing and support services. Substance use can actually reduce young people's ability to make use of services and potentially extend their period of homelessness.

### *Exercising control*

11.30 In terms of young people's ability to exercise control over their own lives, maintain the relationships that are important to them and achieve what they would like to achieve, substance use problems can be destructive. Young people and their supporters submitted evidence about substance use being one of a range of issues contributing to young people leaving home<sup>40</sup> and contributing to a loss of care and control over their own children.<sup>41</sup>

11.31 Project i's research suggests that personal substance use is perceived by many young people as being an important reason why they leave home prematurely. The Inquiry was told about the strain young people's substance use places on families.<sup>42</sup> This is suggestive of the need for greater support for families in relation to parenting adolescents who use alcohol and other drugs, both when that use has developed into an addiction and when it is still experimental or remains 'recreational'.

11.32 A mother spoke to the Inquiry in Townsville about her experiences in relation to having a daughter with a volatile substance addiction:

*I have a 19 year-old daughter. She was a bad paint sniffer. She was going through six to eight tins a day. I found her semiconscious behind the weir wall. ... And from that day on, I never let her sniff anywhere but where I can see it, because I couldn't stop her. I tried everything I can. I even asked Family Services, Child Safety, ... I was getting evicted over it and everything. I said 'What would you do if it was your child? Would you let her go out and sniff behind a weir wall and find her semiconscious?' People walked past her. What would you do?<sup>43</sup>*

### *Consequences for health*

11.33 The Inquiry was told about young people experiencing psychosis,<sup>44</sup> anxiety,<sup>45</sup> and depression as a result of substance use.<sup>46</sup> Alice Springs Drug and Alcohol Services Association gave an overview:

*... a lot of people who would have smoked cannabis who want to give it up or who are at that end of it, have had some sort of paranoia or probably psychosis.<sup>47</sup>*

Any assessment of the permanency and gravity of mental health and mental impairment problems is likely to require a period of abstinence. The Association told the Inquiry:

*It might be said that you know, like a person has to be off alcohol for six months or something like that before they can be diagnosed as having clinical depression. That's a big issue ... what came first, the depression or the alcohol ...<sup>48</sup>*

11.34 Witnesses also voiced their concern about the other health impacts of problematic substance use such as reduced life expectancy<sup>49</sup> and the risk of accidental injury while intoxicated.<sup>50</sup> Given that homeless young people have higher rates of injecting drug use than their home-based peers<sup>51</sup>, the risk of blood borne viruses raised by the Burdekin Report remains a pressing matter of concern.<sup>52</sup>



## *Crime*

11.35 Young homeless people with substance use problems can get caught up in crime in order to fund those addictions.<sup>53</sup> This issue is examined in Chapter 18 Crime and Legal Issues.

## **Young substance users' needs**

11.36 Young at-risk and homeless people who use substances, even those who use them problematically, are not necessarily locked into long-term problems with addiction. The Inquiry heard accounts of reduction in use, respite from use as well as accounts of stable abstinence from a number of witnesses across the country.<sup>54</sup> For many young people making positive changes in their substance use levels is something undertaken without specialised treatment or support and can often result from the process of time and reflection or from the incentive provided by key, emotionally supportive or emotionally significant relationships.<sup>55</sup> The reality that some at-risk and homeless people do make positive changes without specialised treatment is astounding, given the significant stresses of being in crisis and being homeless. The Inquiry also heard about young people with substance use problems in dire need of treatment, which was unavailable to them or difficult to access.<sup>56</sup> Substance use treatment options are examined in more detail in Chapter 17 Health. In this chapter, the National Youth Commission examines the evidence presented to the Inquiry about the experiences of young substance users and what their pathways reveal about their needs.

11.37 The Inquiry heard that pregnancy and parenting were other strong motivation triggers for attempts to alter substance use patterns.<sup>57</sup> South Port Community Housing Group in Victoria gave an example:

*S engaged in high and dangerous levels of drinking from a young age, and became a regular user of marijuana. She smoked marijuana on a daily basis from about the age of 16 up until her pregnancy. Since becoming pregnant and then having the baby, S has reportedly minimised her alcohol use, and reports she has significantly reduced her cannabis consumption.*<sup>58</sup>

11.38 The Western Regional Alcohol and Drug Service in Victoria told the Inquiry that typically young drug users come to a certain point, in terms of the consequences of their behaviour, when they are ready to make the decision to give rehabilitation a go:

*We always look at people as having the four Ls ... The first one is liver, that either ... physically or psychologically you're starting to be affected by the substance. The next one is lover, as your relationships start to become affected, whether it be with your friends or with your family, and that's usually when they get shunted out of home. The next one is livelihood, they are trapped in a spiral where they are on a fixed income and can't see themselves above it and their self-worth is knocked down to here. They can't see themselves as a productive working member of the community. ... and the next one is the law, where people have issues with the law ...*<sup>59</sup>

11.39 Some witnesses spoke to the Inquiry about the tendency of young people to move to a new place in order to get away from the context of their substance use environment. In Warrnambool the Inquiry heard about young people moving because of the location of a treatment facility.<sup>60</sup> In Darwin, the Drug and Alcohol Intensive Support for Youth told the Inquiry about young people moving states in an effort to escape substance related problems. The service advised the Inquiry that these well-motivated moves often leave a young person unsupported and vulnerable to continued substance use or relapse.<sup>61</sup> Ironically, staying in the same location was also presented as a potential relapse problem.<sup>62</sup>

11.40 Young people who are at-risk and homeless share with their home-based peers the need for stable living arrangements and supportive relationships with adults. The same is true of at-risk and homeless young people with substance use problems. Of necessity, drug and alcohol workers need to concern themselves with their clients' living arrangement, even when that work is outside their funding brief:

*... as a drug and alcohol worker to try and achieve drug and alcohol goals, which is my core business, and what I'm funded to do, is very difficult when there is vulnerable housing issues. I'm almost uncomfortable to have that conversation with a young person about 'Do you think you need to reduce your substance abuse?' when I know that they will be going back to the same problem situation. So you have to take a balanced approach with that. A young person might be coming to us with a goal of reducing their substance use and we need to go through that conversation realistically this time and maybe we need to be working on your housing. So, we try and not set young people up to fail.*<sup>63</sup>

11.41 The reality of the lives of a number of at-risk and homeless young people mean that stable living arrangements may need to be supported for a number of years and that significant personal relationships with adults are quite often with adults outside their families. These adults can include the parents of friends, school staff and workers in agencies. When looking at the support needs of young people with substance use problems we therefore need to look at the needs of the organisations and individuals providing help in order to facilitate continuity and longevity in these relationships.

11.42 A Victorian regional drug and alcohol service pointed out to the Inquiry that shelter alone isn't sufficient. Young people with complex problems, such as a history of drug dependence, need additional support:

*A lot of times we are setting people up for failure by expecting them to go into a transitional housing for three months and deny themselves of all the other things that they've used over a great period of time. If we send them into a property and just give them Jerry Springer, they're going to sit around and think about not using until they use.*<sup>64</sup>

11.43 At the Hobart hearing, the Salvation Army advocated more funding for specialist tenancy support workers to work with young homeless people, particularly for those with substance use problems:

*There is a general level of frustration amongst support workers, with the inadequate level of resources to providing the needs of the most disadvantaged in Society, and we feel*

*that it's morally inexcusable not to address this issue and do something about the waste of human potential in our society.*<sup>65</sup>

## Conclusions

11.44 The evidence submitted to the Inquiry suggests that young people with substance use problems face significant difficulties accessing and using homelessness support services. The evidence also suggests that the homelessness sector frequently struggles to provide support to problem substance users, especially in terms of accommodation models and also from a case management point of view. The material submitted to the Inquiry also demonstrates that there are no simple answers to creating a better match between young people needs and the sector's capacity to meet those needs, which suggests that a range of options responding to local needs may be the best way forward.

11.45 What is clearer from the evidence is that workers, families and young people themselves can identify some of the factors that are likely to be useful to at-risk and homeless young people who have problems with substance use. The Inquiry believes these factors include:

- opportunities for young people to experience optimistic and supportive, long-term relationships with reliable adults;
- supported, stable long-term accommodation options;
- opportunities to make use of diverse treatment and support models;
- direct and proactive support for young people who have family members with substance use problems; and
- support for families in relation to parenting young people who use substances.

11.46 A number of specific recommendations in relation to substance use issues can be found in Part IV of the report, which deals with health service responses.

## ENDNOTES

- 1 C. Mead, Directions ACT, Canberra Day 11, 19-04-2007.
- 2 White, V. & Hayman, J. (2006) Australian secondary school students' use of alcohol in 2005, produced by the Cancer Council of Victoria, Monograph Series No 58, Australian Government Department of Health and Ageing, p.12.
- 3 Ibid, p.11.
- 4 Ibid, p.13.
- 5 Ibid, p.13.
- 6 Ibid, p.38.
- 7 Ibid, p.37.
- 8 For example B. Pridmore, Belleden Youth Services and Queanbeyan Youth Services, Anglicare Canberra and Goulburn, Canberra Day 11, 19-04-2007; Submission 19, Open Family Australia; T. Fry, Young People's Health Service, Melbourne Day 13, 23-04-2007.
- 9 Mallett, S., Edwards, J., Keys, D., Myers, P. & Rosenthal, D. (2003) Disrupting stereotypes: young people, drug use and homelessness - a report of selected results from Project i, Key Centre for Women's Health in Society, University of Melbourne, Melbourne, available at <[http://www.projecti.org.au/research/disrupting\\_stereotypes.pdf](http://www.projecti.org.au/research/disrupting_stereotypes.pdf)>; Mallett, S., Rosenthal, S., Keys, D. & Myers, P. (2006) Moving out, moving on: young people's pathways in and through homelessness in Melbourne, Key Centre for

Women's Health in Society, University of Melbourne and Center for Community Health, University of California Los Angeles, Unpublished Manuscript.

- 10 J. Whitcombe, Oasis Youth Residential Service, Salvation Army, Canberra Day 12, 20-04-2007.
- 11 C. Hilton, YWCA Darwin, Darwin Day 3, 03-04-2007.
- 12 Mallett, S., Edwards, J., Keys, D., Myers, P. & Rosenthal, D. (2003) *Disrupting stereotypes: young people, drug use and homelessness, a report of selected results from Project i*, Key Centre for Women's Health in Society, University of Melbourne, Melbourne, p.102, available at <[http://www.projecti.org.au/research/disrupting\\_stereotypes.pdf](http://www.projecti.org.au/research/disrupting_stereotypes.pdf)>.
- 13 Submission 19, Open Family Australia; T. Chapman, DAISY, Centacare NT, Darwin Day 4, 04-04-2007; C. Mead, Directions ACT, Canberra Day 11, 19-04-2007; T. Timms, Next Step Youth Drug and Alcohol Services, Perth Day 20, 08-06-2007.
- 14 For example D. Fitzgibbon, Western Regional Alcohol and Drug Service, Warrnambool Day 2, 27-03-2007; C. Mead, Directions ACT, Canberra Day 11, 19-04-2007.
- 15 C. Mead, Directions ACT, Canberra Day 11, 19-04-2007.
- 16 B. Eviston, Key College, Youth Off The Streets, Sydney Day 9, 17-04-2007.
- 17 T. Timms, Next Step Youth Drug and Alcohol Services, Perth Day 20, 08-06-2007.
- 18 T. Fry, Young People's Health Service, Melbourne Day 13, 23-04-2007.
- 19 Mallett, S., Edwards, J., Keys, D., Myers, P. & Rosenthal, D. (2003) *Disrupting stereotypes: young people, drug use and homelessness, a report of selected results from Project i*, Key Centre for Women's Health in Society, University of Melbourne, Melbourne, p.x, available at <[http://www.projecti.org.au/research/disrupting\\_stereotypes.pdf](http://www.projecti.org.au/research/disrupting_stereotypes.pdf)>.
- 20 For example M. Broadley, Youth Substance Abuse Service, Barwon South West Region, Geelong Day 1, 26-03-2007; Young Person, NYC Youth Survey, 6; Young Person, Brisbane Day 6, 11-04-2007.
- 21 Young Person, Brisbane Day 6, 11-04-2007.
- 22 For example Submission 37, South Port Community Housing Group; S. Mollasi, Salvation Army Crossroads West, Perth Day 19, 07-06-2007; Submission 63, NSW Association for Adolescent Health.
- 23 For example M. Broadley, Youth Substance Abuse Service, Barwon South West Region, Geelong Day 1, 26-03-2007; Submission 37, South Port Community Housing Group.
- 24 For example S. Mollasi, Salvation Army Crossroads West, Perth Day 19 and Submission 63, NSW Association for Adolescent Health.
- 25 G. Anderson, Youth Agency, Service to Youth Council, Adelaide Day 15, 26-04-2007.
- 26 For example M. Broadley, Youth Substance Abuse Service, Barwon South West Region, Geelong Day 1, 26-03-2007; S Mallett, Project i, Key Centre for Women's Health in Society, University of Melbourne, Melbourne Day 14, 24-04-2007; Submission 37, South Port Community Housing Group.
- 27 For example Young Person, NYC Youth Survey, 6; M Broadley, Youth Substance Abuse Service, Barwon South West Region, Geelong Day 1, 26-03-2007.
- 28 For example G. Penfold, Queensland Shelter, Brisbane Day 6, 11-04-2007; Submission 45, Youth Network of Tasmania, Shelter Tasmania and Tasmanian Council of Social Service.
- 29 Submission 37, South Port Community Housing Group.
- 30 Ibid.
- 31 M Broadley, Youth Substance Abuse Service, Barwon South West Region, Geelong Day 1, 26-03-2007.
- 32 Chamberlain, C., Johnson, G. & Theobald, J. (2006) *Homelessness in Melbourne: confronting the challenge*, Centre for Applied Social Research, RMIT University, RMIT Publishing, Informit e-Library, Melbourne, p.20.
- 33 Mallett, S., Edwards, J., Keys, D., Myers, P. & Rosenthal, D. (2003) *Disrupting stereotypes: young people, drug use and homelessness, a report of selected results from Project i*, Key Centre for Women's Health in Society, University of Melbourne, Melbourne, p.102, available at <[http://www.projecti.org.au/research/disrupting\\_stereotypes.pdf](http://www.projecti.org.au/research/disrupting_stereotypes.pdf)>.
- 34 Submission 45, Youth Network of Tasmania, Shelter Tasmania & Tasmanian Council of Social Service.
- 35 Ministerial Council on Drug Strategy (2004) *National drug strategy, Australia's integrated framework 2004-2009*, prepared by a joint working group of the Intergovernmental Committee on Drugs and the Australian National Council on Drugs, Ministerial Council on Drug Strategy, Canberra, p.2.
- 36 Young person, NYC Youth Survey, 12.
- 37 T. Timms, Next Step Youth Drug and Alcohol Services, Perth Day 20, 08-06-2007.
- 38 C. Summerfield, Drug ARM WA, Perth Day 19, 07-06-2007.
- 39 C. Hilton, YWCA Darwin, Darwin Day 3, 03-04-2007.
- 40 For example Young Person, Melbourne Day 13, 23-04-2007; P. Hogan, Fitzroy Homeless Youth Program, Youth and Family Services, Salvation Army Crossroads, Melbourne Day 14, 24-04-2007; J.

- Duncan, Youth Affairs Council of South Australia, Adelaide Day 15, 26-04-2007.
- 41 For example Parent, Townsville Day 7, 12-04-2007; Young person, Brisbane Day 6, 11-04-2007.
- 42 C. Mead, Directions ACT, Canberra Day 11, 19-04-2007; Parent, Townsville Day 7, 12-04-2007; K. Broadbent, Drug and Alcohol Services Association, Alice Springs Day 21, 25-06-2007.
- 43 Parent, Townsville Day 7, 12-04-2007.
- 44 K. Broadbent, Drug and Alcohol Services Association, Alice Springs Day 21, 25-06-2007.
- 45 D. Fitzgibbon, Western Regional Alcohol and Drug Service, Warrnambool Day 2, 27-03-2007.
- 46 Ibid.
- 47 K. Broadbent, Drug and Alcohol Services Association, Alice Springs Day 21, 25-06-2007.
- 48 Ibid.
- 49 Ibid.
- 50 Ibid.
- 51 Mallett, S., Edwards, J., Keys, D., Myers, P. & Rosenthal, D. (2003) Disrupting stereotypes: young people, drug use and homelessness, a report of selected results from Project i, Key Centre for Women's Health in Society, University of Melbourne, Melbourne, p.xi, available at <[http://www.projecti.org.au/research/disrupting\\_stereotypes.pdf](http://www.projecti.org.au/research/disrupting_stereotypes.pdf)>.
- 52 Human Rights and Equal Opportunity Commission (1989) Our Homeless Children: a report of the national inquiry into homeless children, Australian Government Publishing Service, Canberra, p.236-237.
- 53 For example Y. Paterakis, DAISY, Centacare NT, Darwin Day 4, 04-04-2007; Submission 67, Shopfront Youth Legal Centre.
- 54 For example C. Mead, Directions ACT, Canberra Day 11, 19-04-2007; D. Fitzgibbon, Western Regional Alcohol and Drug Service, Warrnambool Day 2, 27-03-2007; Parent, Townsville Day 7, 12-04-2007; Young person, NYC Youth Survey, 6.
- 55 For example Young Person, NYC Youth Survey, 6; Mallett, S., Rosenthal, S., Keys, D. & Myers, P. (2006) Moving out, moving on: young people's pathways in and through homelessness in Melbourne, Key Centre for Women's Health in Society, University of Melbourne and Center for Community Health, University of California Los Angeles, Unpublished Manuscript.
- 56 For example Submission 50, HomeGround Services; K. Broadbent, Drug and Alcohol Services Association, Alice Springs Day 21, 25-06-2007; Y. Paterakis, DAISY, Centacare NT, Darwin Day 4, 04-04-2007.
- 57 For example Parent, Townsville Day 7, 12-04-2007; Submission 37, South Port Community Housing Group.
- 58 Submission 37, South Port Community Housing Group.
- 59 D. Fitzgibbon, Western Regional Alcohol and Drug Service, Warrnambool Day 2, 27-03-2007.
- 60 D. Fitzgibbon, Western Regional Alcohol and Drug Service, Warrnambool Day 2, 27-03-2007.
- 61 T. Chapman, DAISY, Centacare NT, Darwin Day 4, 04-04-2007.
- 62 D. Fitzgibbon, Western Regional Alcohol and Drug Service, Warrnambool Day 2, 27-03-2007.
- 63 M Broadley, Youth Substance Abuse Service, Barwon South West Region, Geelong Day 1, 26-03-2007.
- 64 D. Fitzgibbon, Western Regional Alcohol and Drug Service, Warrnambool Day 2, 27-03-2007.
- 65 J. Donoghue, Salvation Army, Hobart Day 17, 03-05-2007.

